

# House File 285 - Introduced

HOUSE FILE 285

BY MASCHER

(COMPANION TO SF 196 BY  
PETERSEN)

## A BILL FOR

1 An Act relating to prenatal and postpartum care.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1     Section 1.   NEW SECTION.   135.131A   Prenatal ultrasound.

2     1.   The department shall adopt guidelines that require  
3   attending health care providers to offer each pregnant woman  
4   as part of the woman's prenatal care the option of undergoing  
5   a minimum of two ultrasounds when medically indicated to  
6   maximize the possibility of assessing the risk factors for  
7   and preventing premature birth, stillbirth, or other delivery  
8   complications.   The guidelines adopted shall be consistent  
9   with or may adopt by reference the practice guidelines for the  
10  performance of obstetric ultrasound examinations as approved  
11  and published by the American institute of ultrasound in  
12  medicine in conjunction with the American college of radiology  
13  and the American college of obstetricians and gynecologists.

14    2.   The attending health care provider shall provide the  
15  following information to the pregnant woman regarding the  
16  ultrasounds:

17     a.   That the ultrasounds are voluntary at the discretion of  
18  the pregnant woman.

19     b.   Upon request of the pregnant woman, the complete results  
20  of the ultrasound, including any risks associated with the  
21  findings to determine the most effective way to manage the  
22  pregnancy, labor, and delivery.

23     c.   That health care coverage is provided in accordance with  
24  section 514C.30 and through the medical assistance program.

25    3.   The attending health care provider shall document the  
26  pregnant woman's declining of an ultrasound in the pregnant  
27  woman's medical record.

28    4.   This section shall not be interpreted to limit the number  
29  of ultrasounds provided to a woman during pregnancy or to hold  
30  a health care provider liable for not providing an ultrasound  
31  as specified in this section if the pregnant woman does not  
32  seek prenatal care.

33    5.   For the purposes of this section "*attending health care*  
34  *provider*" means a licensed physician, nurse practitioner,  
35  certified nurse midwife, physician assistant, or other health

1 care provider who has the primary responsibility for the  
2 treatment and care of a pregnant woman.

3     Sec. 2. NEW SECTION.   **135.131B Fetal movement education.**

4     An attending health care provider, as defined in section  
5 135.131A, shall provide to a pregnant woman prior to the  
6 third trimester of the pregnancy, educational materials  
7 regarding, and an explanation of the procedure to monitor,  
8 fetal movement to reduce the risk of fetal death. The center  
9 for congenital and inherited disorders shall make the fetal  
10 movement educational materials available to attending health  
11 care providers upon request.

12     Sec. 3. NEW SECTION.   **136A.5A Newborn pulse oximetry**  
13 **screening tests.**

14     1. Each newborn born in this state shall receive a pulse  
15 oximetry screening test in conjunction with the metabolic  
16 screening required pursuant to section 136A.5 in accordance  
17 with rules adopted by the department.

18     2. An attending health care provider, as defined in section  
19 135.131A, shall ensure that every newborn under the provider's  
20 care receives the pulse oximetry screening test in accordance  
21 with rules adopted by the department.

22     3. This section does not apply if a parent objects to  
23 the screening. If a parent objects to the screening of a  
24 newborn, the attending health care provider shall document the  
25 refusal in the newborn's medical record and shall obtain a  
26 written refusal from the parent and report the refusal to the  
27 department as provided by rule of the department.

28     4. The results of each newborn's pulse oximetry screening  
29 test shall be reported in a manner consistent with the  
30 reporting of the results of metabolic screenings pursuant to  
31 section 136A.5, and in accordance with rules adopted by the  
32 center for congenital and inherited disorders in collaboration  
33 with the department.

34     Sec. 4. NEW SECTION.   **514C.30 Prenatal care — ultrasounds.**

35     1. *a.* Notwithstanding the uniformity of treatment

1 requirements of section 514C.6, a policy, contract, or plan  
 2 providing for third-party payment or prepayment of health or  
 3 medical expenses shall provide minimum ultrasound benefits  
 4 coverage for insured pregnant women. The provisions of this  
 5 section apply to the following classes of third-party payment  
 6 provider contracts, policies, or plans delivered, issued for  
 7 delivery, continued, or renewed in this state on or after July  
 8 1, 2013.

9 (1) Individual or group accident and sickness insurance  
 10 providing coverage on an expense-incurred basis.

11 (2) An individual or group hospital or medical service  
 12 contract issued pursuant to chapter 509, 514, or 514A.

13 (3) An individual or group health maintenance organization  
 14 contract regulated under chapter 514B.

15 (4) A plan established pursuant to chapter 509A for public  
 16 employees.

17 (5) A plan established by any other entity engaged in the  
 18 business of insurance, risk transfer, or risk retention, which  
 19 is subject to the jurisdiction of the commissioner.

20 b. This section shall not apply to accident-only,  
 21 specified disease, short-term hospital or medical, hospital  
 22 confinement indemnity, credit, dental, vision, Medicare  
 23 supplement, long-term care, basic hospital and medical-surgical  
 24 expense coverage as defined by the commissioner, disability  
 25 income insurance coverage, coverage issued as a supplement  
 26 to liability insurance, workers' compensation or similar  
 27 insurance, or automobile medical payment insurance.

28 2. As used in this section, "*minimum ultrasound benefits*  
 29 *coverage*" means coverage for benefits which are equal to or  
 30 greater than a minimum of two ultrasounds as part of a woman's  
 31 prenatal care offered at times when medically indicated to  
 32 maximize the possibility of assessing the risk factors for  
 33 and preventing premature birth, stillbirth, or other delivery  
 34 complications as specified under the guidelines adopted by the  
 35 department of public health pursuant to section 135.131A.

1     3. Notice of availability of the coverage shall be provided  
2 to the insured in a summary of benefits and coverage issued to  
3 the insured at the time of delivery, continuation, or renewal  
4 of the coverage, policy, or plan. The coverage shall provide  
5 that the ultrasounds shall be offered to but are voluntary on  
6 the part of the pregnant woman.

7     4. This section shall not be interpreted to limit the  
8 number of ultrasounds provided to a woman during pregnancy or  
9 to hold a health care provider liable for not providing an  
10 ultrasound covered under this section if the insured does not  
11 seek prenatal care.

12     5. The commissioner of insurance shall adopt rules under  
13 chapter 17A necessary to implement this section.

14     Sec. 5. NEW SECTION. 514C.31 **Newborn pulse oximetry**  
15 **screening.**

16     1. *a.* Notwithstanding the uniformity of treatment  
17 requirements of section 514C.6, a policy, contract, or plan  
18 providing for third-party payment or prepayment of health or  
19 medical expenses shall provide coverage to an insured for  
20 newborn pulse oximetry screening as required to be administered  
21 pursuant to section 136A.5A. The provisions of this section  
22 apply to the following classes of third-party payment provider  
23 contracts, policies, or plans delivered, issued for delivery,  
24 continued, or renewed in this state on or after July 1, 2013.

25     (1) Individual or group accident and sickness insurance  
26 providing coverage on an expense-incurred basis.

27     (2) An individual or group hospital or medical service  
28 contract issued pursuant to chapter 509, 514, or 514A.

29     (3) An individual or group health maintenance organization  
30 contract regulated under chapter 514B.

31     (4) A plan established pursuant to chapter 509A for public  
32 employees.

33     (5) A plan established by any other entity engaged in the  
34 business of insurance, risk transfer, or risk retention, which  
35 is subject to the jurisdiction of the commissioner.

b. This section shall not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.

9       2. Notice of availability of the coverage shall be provided  
10 to the insured in a summary of benefits issued to the insured  
11 at the time of delivery, continuation, or renewal of the  
12 contract, policy, or plan.

13       3. The commissioner of insurance shall adopt rules under  
14 chapter 17A necessary to implement this section.

15       Sec. 6. MEDICAL ASSISTANCE PROGRAM — PRENATAL AND NEWBORN  
16 COVERED BENEFITS. The department of human services shall  
17 include as covered benefits under the medical assistance  
18 program the prenatal ultrasounds as specified pursuant to  
19 section 135.131A and the newborn pulse oximetry screening tests  
20 as specified pursuant to section 136A.5A. The department  
21 shall amend the medical assistance state plan as necessary to  
22 implement this provision.

23       Sec. 7. CODE EDITOR DIRECTIVE. The Code editor shall create  
24 a new division in chapter 135, following division XV, titled  
25 "Prenatal and postpartum information and education" to include  
26 sections 135.131A and 135.131B, as enacted in this Act.

### EXPLANATION

28       This bill relates to health care provided during and after a  
29 pregnancy.

30 The bill requires an attending health care provider to offer  
31 each pregnant woman the option of undergoing a minimum of two  
32 ultrasounds as medically indicated to maximize the possibility  
33 of assessing the risk factors for and preventing premature  
34 birth, stillbirth, or other delivery complications under  
35 guidelines adopted by the department of public health (DPH).

1 The guidelines adopted are to be consistent with the practice  
2 guidelines approved and published by the American institute of  
3 ultrasound in medicine in conjunction with the American college  
4 of radiology and the American college of obstetricians and  
5 gynecologists.

6 The bill specifies the information to be provided to the  
7 pregnant woman regarding the ultrasound upon request of the  
8 pregnant woman, and requires the attending health care provider  
9 to document the pregnant woman's declining of an ultrasound in  
10 the pregnant woman's medical record. The bill provides that  
11 the provision is not to be interpreted to limit the number of  
12 ultrasounds provided to a woman during pregnancy or to hold a  
13 provider liable for not providing an ultrasound as specified  
14 under the provision if the pregnant woman does not seek  
15 prenatal care.

16 The bill directs an attending health care provider to  
17 provide to a pregnant woman prior to the third trimester of the  
18 pregnancy, educational materials regarding, and an explanation  
19 of the procedure to monitor, fetal movement to reduce the  
20 risk of fetal death. The bill specifies that the center for  
21 congenital and inherited disorders shall make the educational  
22 materials available to attending health care providers upon  
23 request.

24 The bill adds to Code chapter 136A (center for congenital  
25 and inherited disorders) a requirement that each newborn born  
26 in this state receive a pulse oximetry screening test in  
27 conjunction with the metabolic screening required under the  
28 Code chapter. An attending health care provider is required to  
29 ensure that every newborn under the provider's care receives  
30 the pulse oximetry screening test. However, the requirement  
31 does not apply if a parent objects to the screening. If a  
32 parent objects to the screening, the attending health care  
33 provider is required to document the refusal in the newborn's  
34 medical record and to obtain a written refusal from the parent  
35 and report the refusal to the department of public health.

1 The results of the screening are to be reported in a manner  
2 consistent with the reporting of the results of metabolic  
3 screenings and in accordance with rules adopted by the center  
4 for congenital and inherited disorders in collaboration with  
5 DPH.

6 The bill requires that a policy, contract, or plan providing  
7 for third-party payment or prepayment of health or medical  
8 expenses provide minimum ultrasound benefits coverage on  
9 or after July 1, 2013. The bill specifies the classes of  
10 third-party payment provider contracts or policies subject and  
11 not subject to the requirement; defines "minimum ultrasound  
12 benefits coverage"; and requires that notice of availability  
13 and the voluntary nature of the coverage be provided to the  
14 insured. The bill provides that the provision is not to be  
15 interpreted to limit the number of ultrasounds provided to a  
16 woman during pregnancy or to hold a provider liable for not  
17 providing an ultrasound covered under the bill if the insured  
18 does not seek prenatal care. The bill directs the commissioner  
19 of insurance to adopt rules under Code chapter 17A necessary to  
20 implement the provision.

21 The bill requires that a policy, contract, or plan providing  
22 for third-party payment or prepayment of health or medical  
23 expenses provide coverage for the newborn pulse oximetry  
24 screening as specified in Code section 136A.5A as enacted  
25 in the bill. The bill specifies the classes of third-party  
26 payment provider contracts, policies, or plans subject and  
27 not subject to the requirement, and requires that notice of  
28 availability of the coverage be provided to the insured. The  
29 bill directs the commissioner of insurance to adopt rules under  
30 Code chapter 17A necessary to implement the provision.

31 The bill also directs the department of human services (DHS)  
32 to include as covered benefits under the medical assistance  
33 program the prenatal ultrasounds as specified pursuant to Code  
34 section 135.131A and the newborn pulse oximetry screening  
35 tests as specified pursuant to Code section 136A.5A. The bill



1 directs DHS to amend the Medicaid state plan as necessary to  
2 implement the provision.

3     The bill includes a Code editor directive to create a new  
4 division in Code chapter 135 (department of public health) to  
5 include the Code sections relating to prenatal ultrasounds and  
6 fetal movement education.